## Biomedical Physical Sciences Building (BPS) Request to Reserve the Atrium

| Requestor Name:                                      |
|------------------------------------------------------|
| Requestor E-mail:                                    |
| Requestor Telephone:                                 |
| Requestor: Campus Unit or Organization:              |
| Faculty Representative Name:                         |
| Faculty Representative Unit:                         |
| Event Date (no more than 6 months from today):       |
| Event Start & End Time:                              |
| Reserved Start & End Time:                           |
| Event Purpose:                                       |
| Estimated Attendance:                                |
| Event Space Requested: North, South or Entire Atrium |
| Extra Space needed (not guaranteed):                 |
| Meal or Food Service Plans:                          |
| Cleanup Plans:                                       |
| Payment Method (Typically an MSU Account):           |
| Other Information that we might need:                |

Student Organizations must be registered with and apply through Student Life.